

# Capital Well Service, L.L.C.

1437 E Street, Jourdanton TX 78026

(830) 767-2036 Office

(830) 769-3468 Fax

## CONFIDENTIAL ACCOUNT APPLICATION

Business Name \_\_\_\_\_ Assumed Name Yes \_\_\_\_\_ No \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_ Request Line of Credit \_\_\_\_\_

Taxable Yes \_\_\_\_\_ No \_\_\_\_\_ If Non-Taxable, Attach Exemption Certificate

### ORGANIZATIONAL FORM OF BUSINESS

Corporation \_\_\_\_\_ LLC \_\_\_\_\_ General Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Individual Proprietorship \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Years in Business \_\_\_\_\_ Date of Inc./ Org. \_\_\_\_\_ State of Inc./Org. \_\_\_\_\_

Subsidiary of \_\_\_\_\_ Division of \_\_\_\_\_ Good Standing Yes \_\_\_\_\_ No \_\_\_\_\_

### PRINCIPAL(s) / MEMBER(s) / LIMITED PARTNER(s) / GENERAL PARTNER(s)

(List All – Attach list if Necessary)

1. Officer / Member / Partner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Officer / Member / Partner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Officer / Member / Partner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### VERIFICATION / AUTHORIZATION

I / We represent and warrant to Capital Well Service, L.L.C. (Capital) that all the information in this Confidential Credit Application (Application) is true and correct. I / We authorize Capital to contact the references and banks listed below. I / We authorize Capital to obtain my / our credit report. We understand that Capital will use this information for the purpose of evaluating and / or extending payment on credit terms for purchases as stated on invoices from Capital. **We acknowledge receipt and review of the Invoice Form and Field Ticket Form and accept and stipulate to their respective terms and conditions as part of and as further consideration for any extension of credit.** The information contained herein will be held in strict confidence and used for the consideration of extension of credit to me / us. We agree to provide any further information now or in the future requested by Capital in order to further evaluate our credit or to seek further guarantee.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

### BANK REFERENCES

Name of Bank \_\_\_\_\_ Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Officer \_\_\_\_\_ Bank Officer E-Mail Address \_\_\_\_\_ Number of Accounts \_\_\_\_\_

Number of years as a Bank Customer \_\_\_\_\_ Name of Parties authorized to sign on Accounts \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### TRADE REFERENCES

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ADDITIONAL INFORMATION**

Person to Contact Regarding Payment on Account \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**FINANCIAL INFORMATION**

Attach copies of your current financial statement to assist in processing this application.

**CORPORATE (COMPANY) GUARANTEE**

On behalf of the Company named below, I understand and agree the information furnished on this Application is for the purpose of obtaining credit from Capital Well Service, *LLC* (Capital). I represent and warrant to Capital that all information herein, and all other such information hereafter furnished to Capital, is and will be true, accurate and complete on the date as of which such information is provided or certified. I agree to advise Capital of any material change in the information provided, within five business days of such change. Should the Company account not be paid within the terms fixed by the relevant invoice(s), interest will be charged at the maximum legal rate then in effect from the relevant due date(s). Any written discounts granted to this Company are only valid if payment is made in accordance with the terms of the relevant invoice and such discounts shall be null and void as of the day on which the Company account is past due. In the event that the Company account is placed in the hands of an attorney for collection, or if collected through bankruptcy or probate proceedings, or if suit is brought on the same, the Company agrees to pay all attorney's fees and other costs of collection, including, but not limited to, fees of auditors and accountants and investigation expenses reasonably incurred by Capital, its successors or Assigns.

Name of Company \_\_\_\_\_

By \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

In consideration of and as an inducement for the credit being extended to the below named Company, the undersigned (hereinafter referred to as the "Guarantor" whether one or more) without qualification or restriction guarantees payment in full of all indebtedness incurred hereunder by the below named company (the "Company"). This guarantee is an absolute, complete and continuing one and no notice of the indebtedness or extension of credit already or hereafter contracted by or extended to the Company need to be given to the Guarantor. The Guarantor hereby expressly waives presentation, demand, protest, and notice of protest and dishonor in any and all forms. Guarantor waives all rights to require Capital Well Service, *LLC*. (Capital) to (a) proceed against the Company; (b) proceed against or exhaust any security held from the Company, or (c) pursue any other remedy in its power whatsoever. **The Guarantor has read, reviewed, and approved the Confidential Account Application, Form of Invoice and Field Ticket Form.** Guarantor jointly and severally shall remain liable hereon regardless of whether the Company or any other guarantor be found not liable for any reason. Guarantor will pay Capital the amount due and unpaid by the Company within five (5) days from the date of notice from Capital of the Company's failure to pay any of the indebtedness when due. This Guarantee is and shall be in every particular way available to the successors and assigns of Capital and it shall be fully binding upon the heirs and legal representatives of Guarantor.

Name of Company \_\_\_\_\_

<p><b>GUARANTOR</b></p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Social Security # _____</p> <p>E-Mail Address _____</p>	<p><b>GUARANTOR</b></p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Social Security # _____</p> <p>E-Mail Address _____</p>
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